

____ 1ST LTR OF LAST NAME DATE: _____ SHOW: _____ AUDITION # _____

WCT AUDITION INFORMATION (PLEASE PRINT)

Name: _____ Age: _____
Address: _____ City: _____ ZIP: _____
Primary #: _____ Secondary #: _____
Are you able to receive texts? Yes No E-mail Address: _____
Height: _____ Weight: _____ Hair Color: _____
T-shirt Size (Tend to run small): YOUTH: S M L ADULT: S M L XL 2X 3X

EMERGENCY CONTACT:

Name: _____ Relationship: _____ Phone #: _____

I grant Warren Civic Theatre and The City of Warren, MI, permission to use my (or my child's) photograph or recording for promotional or archival purposes including, but not limited to, DVD, Internet, Television and newspapers.

Signed: _____ Date: _____ Parent's Email: _____

Desired Role(s), if known: _____

Consider me for other roles? Yes No Ensemble? Yes No
Crews (age 14+): Tech Costumes Publicity Fundraising Rehearsal/Backstage Assistant

Please list any family members also in this production: _____

EXPERIENCE AND/OR TRAINING:

Voice Type/Range, if known: _____ Can you tap dance? No Yes

Please attach resume and/or list specific formal training or previous experience on the back of this sheet
(i.e. ACTING, VOCAL MUSIC, CHOIR OR CHORUS, INSTRUMENTAL MUSIC, DANCE)

Special or unusual talents or abilities? (i.e., juggler, gymnastics, acrobat, etc.)

ALLERGIES, MEDICAL NEEDS OR SPECIAL CIRCUMSTANCES YOU FEEL WE SHOULD BE AWARE OF:

CONFLICTS: Please list all scheduling conflicts for rehearsals and performances (see Info Sheet for specific dates/times of rehearsals/performances):